

Mailing Address:

GIS Service Center

Information Technology Services Department
Coleman A.Young Municipal Center (CAYMC), Room 526
2 Woodward Avenue
Detroit, Michigan 48226



Located in CAYMC Bldg. 8th Floor Room 802
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Customer Request Form

REQUESTOR NAME	CITY AGENCY OR ORGANIZATION	DATE
<input type="checkbox"/> STUDENT <input type="checkbox"/> LETTER OF APPROVAL FROM STUDENT'S INSTRUCTOR <input type="checkbox"/> CITY GOVERNMENT EMPLOYEE	PHONE	FAX
E-MAIL ADDRESS		

Description of Request

☐ To be completed by GIS Technician

<input type="checkbox"/>	Parcel Boundary / Specialty Maps (e.g., zoning, wards, clusters, street map, subdivisions)		Copies	Map Size	Cost
DESCRIPTION (INCLUDE LVM NUMBERS)*					
<input type="checkbox"/>	Thematic Map (e.g., city-owned, state tax liens, vacant properties)		Copies	Map Size	Cost
DESCRIPTION (INCLUDE LVM NUMBERS)*					
<input type="checkbox"/>	Electronic Files (maps / data records) (access, excel, .dwg, .dxf)	Format	DESCRIPTION		Cost
<input type="checkbox"/>	Technical Support & System Integration (hardware/ software / programming)		DESCRIPTION		Cost
<input type="checkbox"/>	Consulting Services (e.g. RFP development)		DESCRIPTION		Cost
<input type="checkbox"/>	Other: (customization / compact disc fee / postage / money order)				Cost
					Total Cost
Purpose of Requested Item(s):					Deposit
					Balance Due
REQUESTED COMPLETION DATE		CITY AGENCY COST CENTER		REQUESTOR SIGNATURE	
ESTIMATED COMPLETION DATE		GIS REFERENCE NUMBER		GIS CENTER REPRESENTATIVE SIGNATURE	

* LVM = LAND VALUE MAP INDEX